

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531752**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				/		
18				/		
19				/		
20				/		
21				/		
22				/		
23				/		
24				/		
25				/		
26				/		
27				/		
28				/		
29				/		
30				/		
31				/		
32				/		
33				/		
34				/		
35				/		
36				/		
37				/		
38				3		
39				3		
40				3		
41				3		
42				3		
43				3		
44				3		
45				3		
46				3		
47				3		
48				3		
49				3		
50				3		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	75	←		←
TOTAL CLAIMS			76			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				3		
52				3		
53				3		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				3		
76				/		
77				/		
78			/	/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90			/			
91			/			
92				3		
93				2		
94				2		
95				2		
96				/		
97				2		
98				/		
99				/		
100				2		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	62	←		←
TOTAL CLAIMS			65			